

increased each year during the period from 1984 through 1992.

New case rates and death rates for HIV/AIDS are disproportionately higher for children of color than for White children. AIDS among Black and Hispanic adolescents accounted for approximately 83% of reported cases in 1997.

Hospitalizations for children with asthma have been increasing for most of the 1990's. Low-income children are more likely to suffer from asthma with the sharpest increases being among urban minority children. If trends continue, asthma will become one of the major childhood diseases of the 21st century.

CHILDHOOD NUTRITION

Teen obesity has more than doubled in the past 30 years. Next to smoking, obesity is the leading cause of preventable death and disease. Obesity continues to disproportionately affect poor youth and minority children because of poor diet and lack of exercise.

13.6 percent of all American children are overweight. Yet, 11.8 percent of low-income children experience moderate to severe hunger, compared with 1.9 percent of children in households with income above the poverty level.

Approximately 35 children each day are diagnosed with juvenile diabetes, which can lead to blindness, heart attack, kidney failure and amputations. Type 2 diabetes is increasingly high among minority children.

Before 1992, only 1 to 4% of children was diagnosed with Type 2 diabetes or other forms of diabetes. Now, reports indicate that up to 45% of children with newly diagnosed diabetes have Type 2 diabetes.

CHILDREN'S MENTAL HEALTH

Currently, there are 13.7 million children in this country with a diagnosable mental health disorder, yet less than 20% of these children receive the treatment they need. At least one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem that can lead to school failure, substance abuse, violence or suicide.

However, 75 to 80 percent of these children do not receive any services in the form of speciality treatment or some form of mental health intervention.

The White House and the U.S. Surgeon General have recognized that mental health needs to be a national priority in this nation's debate about comprehensive health care.

Suicide is the eighth leading cause of death in the United States, accounting for more than 1% of all deaths.

The National Mental Health Association reports that most people who commit suicide have a mental or emotional disorder. The most common is depression.

According to the 1999 Report of the U.S. Surgeon General, for young people 15–24 years old, suicide is the third leading cause of death behind intentional injury and homicide.

Persons under the age of 25 accounted for 15% of all suicides in 1997. Between 1980 and 1997, suicide rates for those 15–19 years old increased 11% and for those between the ages of 10–14, the suicide rates increased 99% since 1980.

More teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, strokes, influenza and chronic lung disease combined.

Within every 1 hour and 57 minutes, a person under the age of 25 completes suicide.

Black male youth (ages 10–14) have shown the largest increase in suicide rates since 1980 compared to other youths groups by sex and ethnicity, increasing 276%.

Almost 12 young people between the ages of 15–24 die every day by suicide.

In a study of gay male and lesbian youth suicide, the U.S. Department of Health and Human Services found lesbian and gay youth are two to six times more likely to attempt suicide than other youth and account for up to 30 percent of all completed teen suicides.

We must act to prevent states like Texas, California, and Louisiana from losing millions of dollars in federal funds which have been provided to insure our nation's uninsured poor children.

TRIBUTE TO CARL ROWAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise to pay tribute to noted author and journalist Carl Rowan, who passed earlier this week and who devoted his life to working and fighting for equality and justice both here at home and abroad.

Carl Rowan was born in 1925 in Ravenscroft, Tennessee. Like many African Americans, he emerged from poverty in the segregated South during the depression. Undoubtedly, the trials and tribulations of Mr. Rowan's life, and which he overcame in his childhood, prepared him to excel as a leader and enabled him to climb the arduous ladder of success in his career. His life is a model which exemplified the continuous breaking of barriers which is truly noteworthy.

Mr. Rowan served as a commissioned officer in the United States Navy. And after his tenure of military service he studied at Oberlin College in Ohio and earned a master's degree in journalism from the University of Minnesota. In the late 1940s, Carl Rowan became one of the first African Americans to work for a major mainstream daily newspaper when he took a copy editing position at the Minneapolis Tribune.

Mr. Rowan was known among his contemporaries to possess integrity and an unwavering purpose to fight for justice. His sense of duty to uncover the truth, no matter what the cost, is not only noteworthy but honorable. Equipped with a tenacious journalistic pen, Carl Rowan courageously exposed racism.

His reporting on race relations led President Kennedy to appoint him Deputy Secretary of State, delegate to the United Nations during the Cuban missile crisis, and Ambassador to Finland. In 1964, President Johnson named him Director of the United States Information Agency. While serving in these capacities, Mr. Rowan's shrewd character

was admired by many, and his toughness was respected by all.

After his government service, Mr. Rowan continued to break barriers when he became a columnist for the Chicago Sun Times. During his illustrious career at the Sun Times he composed themes of reform and racial awareness, which touched the spirits of his dedicated readers. Unlike many of his colleagues, he dared to write about the unpopular, the controversial. Mr. Rowan's motto was: "I inform people and expose them to a point of view they otherwise wouldn't get. I work against the racial mindset of most of the media."

Indeed, Carl Rowan proved to be a watchdog who was in the forefront of civil rights in the media. This is why my friend and respected columnist, Vernon Jarrett, views Mr. Rowan as a role model who pioneered in the introduction of black content to major white newspapers.

□ 1915

Furthermore, Carl Rowan did not use his pen alone to make a difference. He was a staunch advocate of public service and philanthropy, as well. He created Project Excellence in 1987 to help and encourage black youth to finish high school and go on to college. To date, the fund has given \$79 million to Washington area youth.

Mr. Rowan was a good friend to many. His mark of excellence serves as a testament to what one can achieve. His undaunted literary voice will be sorely missed.

And so, Mr. Speaker, I ask my colleagues to join me in recognizing Mr. Carl Rowan for his remarkable career of serving our country. On this sad and unfortunate occasion, let us extend our deepest sympathy to his family, to his wife, Vivian, and his three children, Carl, Jr., Jeffrey, and Barbara, a man of distinction, a public servant who served not only his country but the world community well.

REDUCING NATIONAL DEBT AND ANNUAL INTEREST PAYMENTS BY BILLIONS

The SPEAKER pro tempore (Mr. ADERHOLT). Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Mr. Speaker, does anyone believe that it would be possible to reduce our national debt by \$600 billion and reduce our annual interest payments by \$6 billion with no harm to anyone nor to any program? That sounds too good to be true, does it not? But it is true, it is simple, and it is possible.

Most people have little knowledge of how money systems work and are not aware that an honest money system would result in great savings to the

people. We really can cut our national debt by \$600 billion and reduce our Federal interest payments by \$30 billion per year.

It is an undisputable fact that Federal Reserve notes, that is our circulating currency today, is issued by the Federal Reserve in response to interest-bearing debt instruments. Thus, we indirectly pay interest on our paper money in circulation. Actually, we pay interest on the bonds that so-called back our paper money. That is the Federal Reserve notes. This unnecessary cost is \$100 per person each year in our country, an absolutely unnecessary cost, \$100 per person each year.

The Federal Reserve obtains the bonds from the banks at face value in exchange for the currency. That is the Federal Reserve notes printed by the Bureau of Engraving and Printing and given to the Federal Reserve. The Federal Reserve appears to pay the printing costs. But, in fact, the taxpayers again get stuck. They pay the full cost of printing our Federal Reserve currency. The total cost of the interest is roughly \$30 billion, or about \$100 per person, in the United States.

Why are our citizens paying \$100 per person to rent the Federal Reserve's money when the United States Treasury could issue the paper money exactly like it issues our coins today? The coins are minted by the Treasury and, essentially, sent into circulation at face value.

The Treasury will make a profit of \$880 million this year from the issue of the first one billion new gold-colored dollar coins. If we use the same method of issue for our paper money as we do for our coins, the Treasury could realize a profit on the bills sufficient to reduce the national debt by \$600 billion and reduce annual interest payments by \$30 billion dollars.

In other words, Federal Reserve notes are officially liabilities of the Federal Reserve, and over \$600 billion in U.S. bonds is held by the Federal Reserve as backing for these notes. The Federal Reserve collects interest on these bonds from the U.S. Government, then it returns most of it to the U.S. Treasury. But the effect of this is there is a tax on our money, again about \$100 per person, or \$30 billion a year, that goes to the United States Treasury, a tax on our money in circulation.

Is there a simple and inexpensive way to convert this costly, illogical, and convoluted system to a logical system which pays no interest directly or indirectly on our money in circulation?

Yes, there is. Congress must require the U.S. Treasury to issue our cash, our paper money.

I have introduced a bill to require our paper money be issued just as we issue our coins, thus reducing the national debt by \$600 billion and stop wasting \$30 billion each year paying rent or interest on our own money in circulation.

PRESCRIPTION DRUG COVERAGE FOR EVERY SENIOR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PASCRELL) is recognized for 5 minutes.

Mr. PASCRELL. Mr. Speaker, earlier this month I visited members of the AARP in Clifton, New Jersey, to talk about issues that affect senior citizens. The first thing they asked me is, "Are we ever going to get prescription drug coverage?" And I said to them the best answer I could come up with, "I hope so."

Obviously, these seniors are not alone in questioning whether or not Congress will actually do something or if this is yet another example of political posturing during an election year.

The only certainty I could leave these seniors is the fact that I support prescription drug coverage through the Medicare program and that I was committed to working in a bipartisan fashion to guarantee that it gets done this Congress.

The need for a comprehensive prescription drug plan is clear, and the time for Congress to act is now.

Seniors understand better than anyone else the high cost of prescription drugs. The lack of comprehensive coverage for seniors forces them to make decisions that threaten the quality of their lives and indeed their well-being.

The number of seniors without drug coverage is increasing day after day. Right now, approximately three out of every five Medicare beneficiaries lack decent, dependable drug coverage. Thirteen million beneficiaries have no prescription coverage, and millions more are at risk of losing coverage.

Most seniors without prescription drug coverage are middle-class folks. Many of those seniors have retiree plans without comprehensive coverage, and even those with coverage are on the verge of losing it.

Why? Because the number of firms offering retiree health insurance coverage dropped 30 percent between 1993 and 1999. Another reason is that, in many States, insurers that participate in the Medicare+Choice program are also dropping out because of low Medicare reimbursements. We have this all across America. This is not a partisan issue. This cuts across party lines.

Other Medicare HMOs, like in the State of New Jersey, are cutting their prescription plans when their profit margin decreases. We must understand that.

In fact, I spoke to an HMO official in New Jersey the other day who informed me that, unless Medicare reimburses for prescription drugs, HMOs would continue to drop the coverage, compounding the situation's severity.

This leaves seniors stranded. The high cost of prescription drugs for seniors without coverage is of grave concern. Senior citizens tend to live on

fixed incomes. These incomes are adjusted to keep up with the rate of inflation.

With this in mind, Families USA recently reported that 50 of the most commonly used prescription drugs by seniors increased in cost at nearly twice the rate of inflation in 1999. That cannot be acceptable by anybody on this floor.

Seniors that use drugs to combat chronic illnesses are hit even harder. Many times they are forced to spend over 10 percent of their income on prescription drugs.

If a senior has diabetes, if a senior has hypertension, high cholesterol, they need to maintain their health every day with prescription medication.

For example, a widow living with one of these illnesses and an income within 150 percent of poverty level without comprehensive coverage will spend 18.3 percent of her annual income on prescription medications. This example is one of many reasons why we cannot delay passing a voluntary prescription drug plan through Medicare.

Congress has the responsibility to pass a prescription drug benefit that is affordable and accessible to every senior citizen in America. We must guarantee that market vulnerability and poor Medicare reimbursements no longer keep seniors from getting prescription drug coverage.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.J. RES. 109, CONTINUING APPROPRIATIONS, FISCAL YEAR 2001

Mr. LINDER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-887) on the resolution (H. Res. 591) providing for consideration of the joint resolution (H.J. Res. 109) making continuing appropriations for the fiscal year 2001, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(A) OF RULE XIII WITH RESPECT TO SAME DAY CONSIDERATION OF CERTAIN RESOLUTIONS REPORTED BY COMMITTEE ON RULES

Mr. LINDER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-888) on the resolution (H. Res. 592) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.